

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 2
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST Shirley	MI C
	NICKNAME	LAST Thompson	SUFFIX
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE
	P.O. Box 681705 San Antonio, TX 78268		
5 CAMPAIGN TREASURER NAME	TITLE	FIRST Mary	MI Virginia
	NICKNAME	LAST Petty	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY: STATE: ZIP CODE
	6750 Lendell San Antonio, TX 78251		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(210)	691-0551	
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	7 / 1 / 01		12 / 31 / 01
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE
	/ /		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)	
	None	None	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **		
	Name None		
	Address / PO Box: Apt. / Suite #: City: State: Zip Code		
GO TO PAGE 2			

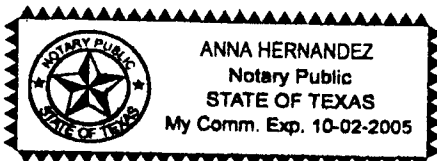
CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 ACCOUNT # (Ethics Commission filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	<p>.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..</p>		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NO REPORTABLE ACTIVITY	<input checked="" type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)		
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZED		\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$
	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS. UNLESS ITEMIZED		\$
	4. TOTAL POLITICAL EXPENDITURES		\$
	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$
EXPENDITURE TOTALS			
OUTSTANDING LOAN TOTALS			

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

Shirley Thompson
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Shirley Thompson, this the 15th day of January, 20 02, to certify which, witness my hand and seal of office.

Anna Hernandez
Signature of officer administering oath

Anna Hernandez
Printed name of officer administering oath

Notary
Title of officer administering oath

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # 010
(Ethics Commission filers)

2 Total pages filed:

3

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE

FIRST

Shirley

NICKNAME

LAST

Thompson

SUFFIX

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

P.O. Box 681705

San Antonio, TX. 78268

☐ Change of Address

5 CAMPAIGN
TREASURER
NAME

TITLE

FIRST

MI

Mary

Virginia

NICKNAME

LAST

SUFFIX

Petty

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

6750 Lendell Dr.

San Antonio, TX. 78249

7 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210)

691-0551

8 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign treasurer appointment (officeholder only)

☒

July 15

☐

8th day before election

☐

Exceeded \$500 limit

☐

Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month

Day

Year

4 / 26 / 01

THROUGH

Month

Day

Year

6 / 30 / 01

10 ELECTION

ELECTION DATE

Month

Day

Year

/ /

ELECTION TYPE

☐

Primary

☐

Runoff

☐

General

☐

Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

None

Address / PO Box: Apt. / Suite #: City: State: Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME

Shirley Thompson CITY OF SAN ANTONIO
CLERK

15 ACCOUNT # (Ethics Commission Bars)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ —

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ —

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 807.07

4. TOTAL POLITICAL EXPENDITURES

\$ 807.07

OUTSTANDING
LOAN TOTALS5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ —

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Shirley Thompson
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Shirley Thompson, this the 16th day of July, 20 01, to certify which

Christine Löffler
Signature of officer administering oath



CHRISTINE LOFFLER

Notary Public, State of Texas

My Commission Expires 08-20-2004

Christine Löffler
Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED
CITY OF SAN ANTONIO
CLERK

Total pages Schedule F:

1

2 FILER NAME

Shirley Thompson

2001 JUL 17 A

3 ACCOUNT # (Ethics Commission filers)

938

4 Date

4/26/01

5 Payee name

KSLR Radio

6 Payee address; City; State; Zip Code

9601 McAllister Fwy Ste 1200

7 Amount (\$)

\$765.00

8 Purpose of payment (See instructions regarding type of information required.)

Radio Advertisement

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

4/28/01

Payee name

Checko's

Payee address; City; State; Zip Code1255 SW Loop 410 #146
San Antonio TX**Amount (\$)**

42.07

Purpose of payment (See instructions regarding type of information required.)

Campaign Literature, signs

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date**Payee name****Payee address; City; State; Zip Code****Amount (\$)****Purpose of payment** (See instructions regarding type of information required.)**-- Complete if direct expenditure to benefit C/OH --**

Candidate / Officeholder name

Office sought

Office held

Date**Payee name****Payee address; City; State; Zip Code****Amount (\$)****Purpose of payment** (See instructions regarding type of information required.)**-- Complete if direct expenditure to benefit C/OH --**

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Ref.)

2 Total pages filed:

3

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE

FIRST

Shirley

NICKNAME

LAST

Thompson

C

SUFFIX

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

P.O. Box 681705

San Antonio, TX. 78268

☐ Change of Address

5 CAMPAIGN
TREASURER
NAME

TITLE

FIRST

MI

Mary

Virginia

NICKNAME

LAST

Petty

SUFFIX

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

6750 Lendell Dr.

San Antonio, TX. 78249

7 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210)

691-0551

8 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign treasurer appointment (officeholder only)

☒

July 15

☐

8th day before election

☐

Exceeded \$500 limit

☐

Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month

Day

Year

4 / 26 / 01

THROUGH

Month

Day

Year

6 / 30 / 01

10 ELECTION

ELECTION DATE

Month

Day

Year

/ /

ELECTION TYPE

☐

Primary

☐

Runoff

☐

General

☐

Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

None

Address / PO Box: Apt. / Suite #: City: State: Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Shirley Thompson
CITY OF SAN ANTONIO
CLERK

15 ACCOUNT # (Ethics Commission File)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

None

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ —

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ —

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 807.07

4. TOTAL POLITICAL EXPENDITURES

\$ 807.07

OUTSTANDING
LOAN TOTALS5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ —

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Shirley Thompson
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Shirley Thompson, this the 16th day of July, 20 01, to certify which

Christine Loffler
Signature of officer administering oath



CHRISTINE LOFFLER
Notary Public, State of Texas
My Commission Expires 08-20-2004

Christine Loffler
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

Total pages Schedule F:

1

2 FILER NAME

Shirley Thompson

2001 JUL 17

ACCOUNT # (Ethics Commission filers)

4 Date

4/26/01

5 Payee name

KSLR Radio

7

Amount (\$)

6 Payee address; City; State; Zip Code

9601 McAllister Fwy Ste 1200

\$765.00

8 Purpose of payment (See instructions regarding type of information required.)

Radio Advertisement

9

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

4/28/01

Payee name

Checko's

Payee address; City; State; Zip Code

1255 SW Loop 410 # 146
San Antonio TX

Amount (\$)

42.07

Purpose of payment (See instructions regarding type of information required.)

Campaign Literature, signs

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT****FORM C/OH
COVER SHEET PG 1**

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)**2 Total pages filed:**

6

**3 CANDIDATE /
OFFICEHOLDER
NAME**

TITLE

FIRST

MI

NICKNAME

LAST

SUFFIX

Shirley

C

Thompson

**4 CANDIDATE /
OFFICEHOLDER
ADDRESS**

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

P.O. Box 681705

San Antonio, TX 78268

**5 CAMPAIGN
TREASURER
NAME**

TITLE

FIRST

MI

NICKNAME

LAST

SUFFIX

Mary

Virginia

Petty

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

**6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)**

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

6750 Lendell Dr.

San Antonio, TX 78249

**7 CAMPAIGN
TREASURER
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

()

8 REPORT TYPE☐

January 15

☒

30th day before election

☐

Runoff

☐

15th day after campaign treasurer appointment (officeholder only)

☐

July 15

☐

8th day before election

☐

Exceeded \$500 limit

☐

Final report (Attach C/OH - FR)

**9 PERIOD
COVERED**

Month

Day

Year

THROUGH

Month

Day

Year

2 / 20 / 01

4 / 5 / 01

10 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

5 / 5 / 01

☐ Primary☐

Runoff

☒

General

☐

Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

Mayor

**13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS**

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

None

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages**GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER REPORT: 39

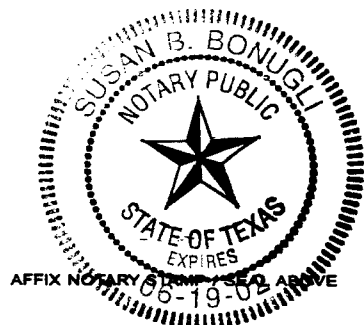
SUPPORT & TOTALS

FORM C/OH

COVER SHEET PG 2

14 C/OH NAME Shirley C. Thompson		15 ACCOUNT # (Ethics Commission files)
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	<p>** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **</p>	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	None
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NO REPORTABLE ACTIVITY	<input checked="" type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)	
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ --
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 645.00
	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ --
	4. TOTAL POLITICAL EXPENDITURES	\$ 230.70
EXPENDITURE TOTALS		
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ Ø

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Shirley Thompson
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said **Shirley Thompson**, this the **5th** day of **April**, 20 **01**, to certify which, witness my hand and seal of office.

Susan B. Bonagli
Signature of officer administering oath

Susan B. Bonagli
Printed name of officer administering oath

SMSC
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

39 1 of 3

2 FILER NAME

Shirley C. Thompson

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/26

5 Full name of contributor

☐ out-of-state PAC (ID#)

Roy, Judy Stahl

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

\$20.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3/18

Full name of contributor

☐ out-of-state PAC (ID#)

Robert Demetria Young

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/20

Full name of contributor

☐ out-of-state PAC (ID#)

John Guesada

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/20

Full name of contributor

☐ out-of-state PAC (ID#)

J. A. Delaney

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/21

Full name of contributor

☐ out-of-state PAC (ID#)

Mrs John Bell

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

Shirley C. Thompson

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/22

5 Full name of contributor

☐ out-of-state PAC (ID#)

Elaine Hawkins

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

\$20.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3/23

Full name of contributor

☐ out-of-state PAC (ID#)

Sylvia Fasone

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$5.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/23

Full name of contributor

☐ out-of-state PAC (ID#)

Gene Ryder

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/24

Full name of contributor

☐ out-of-state PAC (ID#)

Kathleen Lucero

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/26

Full name of contributor

☐ out-of-state PAC (ID#)

Donna Schmidt

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

3 of 3

2 FILER NAME

Shirley C Thompson

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/1

5 Full name of contributor

☐ out-of-state PAC (ID#)

Allan Parker

7 Amount of contribution (\$)

\$25.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

9 Principal occupation (Optional)

10 Employer (Optional)

Date

2/28

Full name of contributor

☐ out-of-state PAC (ID#)

Mary Virginia Petty

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

40

1

2 FILER NAME

Shirley C. Thompson

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/26/01

5 Payee name

Minuteman Press

6 Payee address; City; State; Zip Code

8 Amount (\$)

92.26

7 Purpose of expenditure (See instructions regarding type of information required.)

Copy services

☐ Reimbursement from political contributions intended

Date

3/15/01
3/28/01

Payee name

U.S. Post Office Leon Valley Br.

Payee address; City; State; Zip Code

S.A. TX, 78238

Amount (\$)

102.00

Purpose of expenditure (See instructions regarding type of information required.)

Postage stamps

☐ Reimbursement from political contributions intended

Date

3/06/01
3/07/01
3/08/01

Payee name

Office Depot

Payee address; City; State; Zip Code

5601 Bandera Rd
S.A. TX 78238

Amount (\$)

36.44

Purpose of expenditure (See instructions regarding type of information required.)

office supplies

☐ Reimbursement from political contributions intended

Date

2/28

Payee name

S.S.F.C.U.

Payee address; City; State; Zip Code

P.O. Box 27377
S.A. TX 78227

Amount (\$)

\$100.00

Purpose of expenditure (See instructions regarding type of information required.)

Open Account

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

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**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH****SCHEDULE H**

N/A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H: 40

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Business name

7 Amount
(\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**